

1 PLACE OF DEATH

County Jackson
 Civil Dist. #1
 or
 Village _____
 or
 City Gainesboro (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

138

Registration District No. 441
 Primary Registration District No. 44401

File No. 1

Registered No. _____

[If death occurred in a
 hospital or institution,
 give its NAME instead
 of street and number.]

2 FULL NAME Jas Bedford Herod

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Jan - 7, 1920
 (Month) (Day) (Year)

7 AGE 15 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work School Boy
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson, Co Tenn

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Settie Anderson

13 BIRTHPLACE OF MOTHER (State or country) Jackson, Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Herod Col
 (Address) Gainesboro Tenn

15 Filed Jan 9, 1920 Marg H Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 7, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan - 2, 1920, to Jan 6, 1920, that I last saw him alive on Jan 6, 1920, and that death occurred, on the date stated above, at 2:30 pm.

The CAUSE OF DEATH* was as follows: Appendicitis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Henry P. Little, M. D.

Jan 7, 1920 (Address) Gainesboro Tenn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL Jan 1, 1920

20 UNDERTAKER _____ ADDRESS _____

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.